



AmeriCorps VISTA Alternative Oath Form

For those legally residing in a state, but who are not US Citizens or US Nationals; or
For those who are exempt from the AmeriCorps VISTA Oath for religious reasons,

1. **FULL NAME** (as it appears on my.americorps.gov):

2. **NAME OF YOUR PROJECT SPONSOR:**

3. **SERVICE LOCATION CITY & STATE:**

4. **DATE OF YOUR FIRST DAY OF SERVICE AT YOUR SITE:**

5. **NAME OF CNCS OFFICIAL WHO ADMINISTERED THE OATH:**

6. **OATH OF SERVICE ***

The following oath or affirmation of service is required by the Domestic Volunteer Service Act of 1973, as amended, and must be administered by an authorized staff member of the Corporation for National and Community Service:

I swear (or affirm) that I will abide by and obey all the rules, policies, and laws applicable to service as an AmeriCorps VISTA member without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties of the office on which I am about to enter.

AmeriCorps VISTA Member's signature

___ / ___ / ____
Date (MM/DD/YYYY)

Witness

___ / ___ / ____
Date (MM/DD/YYYY)

**NOTE: The word "swear" wherever they appear above, may be stricken when the Member elects to affirm rather than swear to the Oath of Service; only these words may be stricken and only when the Member elects to affirm the Oath of Service.*

This oath is valid and effective when the following conditions have been met:

- 1) All fields on this form have been accurately completed, and
- 2) You have been sworn in by an authorized federal official.

Instructions for Submitting the Oath Form:

1. Member and Witness sign and date using blue or black ink. Digital signatures are not accepted.
2. Scan the completed Oath form as a pdf. Photographs are not accepted.
3. Email the completed Oath form to the VISTA Member Support Unit at vmsu@cns.gov by the end of today. The subject line and body of the email must include the following:

OATH – First name Last name – MM/DD/YYYY (first date of VISTA service)